


This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00.** Please read the **INSTRUCTIONS** on page 2 before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: 

EMPLOYMENT DEVELOPMENT DEPARTMENT
ACCOUNT SERVICES GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
(916) 654-7041 / FAX 654-9211

REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS & PUBLIC SCHOOLS

DEPT USE	ACCOUNT NUMBER	QUARTER	ETCSO	FED CODE	ON-LINE PROCESS DATE	TAS CODE

A. BUSINESS NAME				OWNERSHIP BEGAN OPERATING MONTH: DAY: YEAR:		FEDERAL I.D. NUMBER	
B. ORGANIZATION NAME				NATURE OF ACTIVITY			
List all principal officers or administrators		TITLE		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
C. BUSINESS LOCATION Street and Number (see instructions)				CITY OR TOWN	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (in care of P.O. Box or Street and Number)				CITY OR TOWN	STATE	ZIP CODE	PHONE NUMBER ()
D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCOUNT NUMBER BUSINESS NAME ADDRESS					
E. INDICATE FIRST QUARTER AND YEAR IN WHICH YOU PAID WAGES. <input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Oct.-Dec. 20__				F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS? <input type="checkbox"/> No <input type="checkbox"/> Yes			
G. ORGANIZATION TYPE <input type="checkbox"/> (SD) SCHOOL DISTRICT <input type="checkbox"/> (OT) OTHER (Specify) _____ <input type="checkbox"/> (GO) GOVERNMENTAL				H. WOULD YOU LIKE INFORMATION ON THE FOLLOWING ALTERNATIVE UNEMPLOYMENT INSURANCE FINANCING METHODS? <input type="checkbox"/> No <input type="checkbox"/> Cost of Benefits <input type="checkbox"/> School Employees Fund			
I. EMPLOYER TYPE <input type="checkbox"/> (07) Public School <input type="checkbox"/> (11) Indian Reservation <input type="checkbox"/> (15) State Colleges <input type="checkbox"/> (21) Public Entity <input type="checkbox"/> (28) State Hospital <input type="checkbox"/> (08) District Hospital <input type="checkbox"/> (14) University of CA <input type="checkbox"/> (16) District Fair <input type="checkbox"/> (26) Fed-State Withholdings							NUMBER OF EMPLOYEES
J. CONTACT PERSON FOR BUSINESS		NAME		ADDRESS		PHONE ()	
K. SUPPORTIVE SERVICES If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.) (3) <input type="checkbox"/> Storage (warehouse) (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing (4) <input type="checkbox"/> Other (specify)							
L. DECLARATION These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned. Signature _____ Date _____ Residence Phone () Title _____ Residence Address _____ (Officer, Administrator, etc.) Street City State ZIP Code							

INSTRUCTIONS FOR DE 1GS REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS AND PUBLIC SCHOOLS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within fifteen **(15) calendar days** after paying wages for employment, or whenever a change in ownership occurs. Complete this DE 1GS and file at address shown on page 1 of form.

- A. BUSINESS NAME** – Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter "Applied For."
- B. ORGANIZATION NAME** – Give the name of the organization under which your business operates. Give a brief description of the nature of activity performed, e.g., National Guard, Public School District, County, two year college, university. Enter the full name, middle initial, surname, title, social security number and driver's license number for each officer or administrator.
- C. BUSINESS LOCATION** – Enter the California address and county where the business in A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number.
- D. PRIOR REGISTRATION** – If any part of the ownership in B is operating or has ever operated at another location, check "yes" and provide account number, business name and address
- E. WAGES** – Check the appropriate box when you first paid wages.
- F. PIT WITHHOLDING** – Check appropriate box. If you are not sure if you are subject to monthly/semi-weekly Personal Income Tax deposits, contact the nearest Employment Tax Customer Service Office (ETCSO).
- G. ORGANIZATION TYPE** – Check the box which best describes the legal form of the ownership in B.
- H. ALTERNATIVE FINANCING** – If you would like information on alternative methods of financing unemployment insurance, check the appropriate box, otherwise check NO.
- I. EMPLOYER TYPE** – Check the box which best describes your employer type. Enter total number of employees for the ownership in B.
- J. CONTACT PERSON** – Enter the name and phone number of the person authorized by the ownership shown in B to provide information to EDD staff.
- K. SUPPORTIVE SERVICES** – Check the box which best describes the supportive services provided by B.
- L. DECLARATION** – This declaration should be signed by one of the names shown in B.

NEED MORE HELP OR INFORMATION? Call Account Services Group (ASG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETCSO at (916) 464-3502.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-8706 to obtain your account number over the phone, or by fax service at (916) 654-9211. All three options require that a registration form be completed and mailed to: Employment Development Department, Account Services Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD account number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a **California Employer's Guide, DE 44**. Please keep your account status current by notifying ASG of all future changes to the original registration information.

I dreamt the government was here to help...

- ***Understand who, what, how, and when to report state employment taxes.***
- ***Avoid common pitfalls and costly mistakes.***
- ***Control unemployment insurance costs.***
- ***Learn the differences between independent contractors and employees.***
- ***Discover services and resources, available at no additional cost.***

Make this dream a reality. Attend an employment tax seminar designed especially for employers, sponsored by the Employment Development Department. Please complete and mail the bottom portion of this form to the Employment Development Department, P.O. Box 2068, Rancho Cordova, CA 95741-2068 or fax to (916) 464-3504. We will contact you regarding the date, time, and location of the next seminar.

If you would like more information, please call (916) 464-3502 or visit EDD's Web site at www.edd.ca.gov



Name: _____

Address: _____

Street

City

State

ZIP Code

Telephone: () FAX: ()

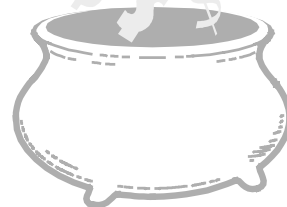
Preferred time and place to attend a seminar:

Day of week: Mon Tue Wed Thu Fri Sat (circle one)

Time of day: Morning Afternoon Evening (circle one)

Preferred city or area: _____

The dream is real.



The State of California Employment Development Department (EDD), as a recipient of federal and state funds, is an equal opportunity employment program and is subject to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). Persons who require special accommodations may contact the above information number.